

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/14/2016
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NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint investigation 1680097/IL82570 - 300.625, 300.626 cited :	S 000		
S9999	Final Observations Statement of Licensure Violations: Section 300.625 Identified Offenders 300.625a) 300.625b) 300.625c)2 300.625j) 300.625n) a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 02/03/16
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S9999	<p>Continued From page 1</p> <p>be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to ensure the safety of it's residents upon</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>receiving knowledge of one resident (R2) out of two residents reviewed for identified offender, being Registered Sex Offender, failed to address the resident's criminal history in a individualized careplan and failed to request a fingerprint within 72 hours of such knowledge.</p> <p>Findings include:</p> <p>R2 is a 47 year old with diagnoses including SAD (schizo affective disorder), Seizure disorder, Epilepticus with prolonged postictal state. R2 was admitted to the facility on 7/13/15. R2 was discharged to a group home on 10/10/14/15.</p> <p>The State Level Criminal Background check indicates the request was submitted 7/23/15. The facility received the results Monday August 17, 2015. R2's background results returned with a hit. R2 has a long history of felony convictions including public indency/lewd exposure and prostitution. R2 was not finger printed within 72 hrs of receivng these results. A second background check was submitted on 10/2/15. The finger printing was not done until October 5, 2015.</p> <p>Review of the initial care plan dated 7/13/15 does not include one addressing R2 history of being a registered sex offender or having a criminal background history.</p> <p>The social services note dated 10/13/15 (9:12am) indicates E4 (social services) spoke with Z1 (family) to notify that R2 was being discharged from the facility. R2's background report states R2 is a registered sex offender). E4 informed Z1 that the facility found a group home for R2 to be discharged. The social service dated 10/14/15 (3:20pm) indicates E4 contacted Z1 again to</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>inform that R2 was being transferred to another group home location.</p> <p>On 1/13/14 at 2:03pm E4 (social services) was asked how it was decided to transfer R2 to a group home. E4 stated, "because of the state law and he is a registered sex offender. I guess it was a team decision to send him there."</p> <p>On 1/14/16 at 3:45pm E1 (administrator) and E2 (assistant director of nurses) was present. E1 (administrator) stated, "The person who initiates the back ground check and the sex offender registry is on leave. I know the registry was checked. I don't have that info to present."</p> <p style="text-align: center;">(B)</p> <p>Section 300.626 Discharge Planning for Identified Offenders 300.626c) 300.626e) c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department. e) Discharge planning shall be included as part of the plan of care developed pursuant to Section 300.625(j).</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview the facility failed to notify the state agency (IDPH) of the discharge of one resident (R2) who is an identified offender and must register as a sex offender and did not include the abrupt discharge in a revised careplan in a sample of 5 residents reviewed for transfer and discharge.</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>Findings include:</p> <p>Based on record review and interview the facility failed to notify one resident (R2) and their POA (power of attorney) in writing of a discharge to the community and provide outside community agency information for one resident (R2) in a sample of 3 residents reviewed for transfer/discharge.</p> <p>Findings include:</p> <p>_____ with diagnoses including SAD (schizophrenia), Seizure disorder, Epilepticus, prolonged postictal state.</p> <p>_____ services note dated 10/13/15 (9:12am) indicates _____ (social services) spoke with Z1 (family) _____ that R2 was being discharged from the facility. _____ background report states R2 is a registered sex offender). E4 informed Z1 that the facility found a group home for R2 to be discharged. The social service dated 10/14/15 (3:20pm) indicates E4 contacted Z1 again to inform that R2 was being transferred to another group home location.</p> <p>Further review of the social service notes does not indicate why there was a change in the group home R2 was being sent to. There is no documentation that R2 or Z1 were presented with written documentation on a discharge notice, Right of appeal, how to notify the ombudsman (name, address, and telephone number) or how to notify the appropriate protection and advocacy agency for residents with mental illness (mailing address and telephone numbers).</p> <p>(B)</p>	S9999		